PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application o	r Docket	Numbe
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09/695530

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE (OR	OTHER THAN SMALL ENTITY									
FOR		N	UMBE	R FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE					
BASIC FEE						+ 1				345.00	OR	· ·	690.00					
TOTAL CLAIMS 27 minus 20=					20=	• 1			X\$ 9=		OR	X\$18=	126					
INDEPENDENT CLAIMS 3 = *					* ·			X39=		OR	X78=							
MULTIPLE DEPENDENT CLAIM PRESENT						-	+130=		OR	+260=								
* If the difference in column 1 is less than zero, enter "0" in column 2								1	TOTAL		OR	TOTAL	816					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							S	OTHER THAN SMALL ENTITY OR SMALL ENTITY										
ENT A		CLAI REMAI AFTI AMEND	IMS INING ER		I PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
AMENDMENT	Total	· 3	7	Minus	***	27	= 10		X\$ 9=		OR	X\$18=	180					
AME	Independent	• 4		Minus		3	=		X39=		OR	XX8	86					
	FIRST PRESE	NTATION	OF MU	ILTIPLE DEF	PENC	DENT CLAIM	<u></u>		+130=		OR	+260=						
									TOTAL		امرا	TOTAL ADDIT. FEE	266					
		(Colur	<u>nn 1)</u>			Column 2)	(Column 3)	AD	OIT. FEE		4	AUUII. FEEL	·					
ENT B		CLAI REMAI AFT AMEND	IMS INING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
AMENDMENT	Total	. 4	ර	Minus	**	37	= H		X\$ 9=		OR	X\$18=	72					
4ME	Independent		5	Minus	**1	<u> </u>	=		X39=		OR	X78	86					
_	FIRST PRESE	NTATION	OF ML	JLTIPLE DEI	PEN[DENT CLAIM			+130=		OR	+260=						
			·					AD	TOTAL DIT. FEE			TOTAL ADDIT. FEE	158					
		(Colur				Column 2) HIGHEST	(Column 3)	· _	·			·						
ENT C		REMAI AFT AMEND	INING ER		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=						
ME	Independent	*		Minus	***		=	-	X39=		OR	X78=	 					
_	FIRȘT PRESE	NTATION	OF ML	JLTIPLE DE	PEN	DENT CLAIM		 			1		 					
	If the entry in colur							L	+130= TOTAL		OR	+260= TOTAL						
***	If the "Highest Nur If the "Highest Nu	mber Prev Imber Prev	iously Pa iously Pa	aid For" IN THI aid For" IN TH	IS SPA	ACE is less that ACE is less that	an 20, enter "20." an 3, enter "3."	طب	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									